



Johnson Controls, Inc.
3340 Hopkinsville Road
Cadiz, KY 42211
(270) 522-3221



Sent VIA Email and Mail

May 13, 2009

Division of Water, Surface Water Permits Branch
ATTN: Erich Cleaver
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: KPDES Application Notice of Deficiency
KPDES No.: KY0097365
Cadiz, KY Facility
AI ID: 4038
Trigg County, Kentucky

Dear Mr. Cleaver:

Per your letter dated March 16, 2009 requesting additional information regarding our KPDES permit application; please find enclosed the information requested.

We have also made some changes to page 1 of our application due to the fact that we have now ceased welding and stamping operations at our location.

The new contact name for this facility will be Dawn Redden. If you have any questions or concerns, you may contact her at (270) 206-0051 or by email at dawn.l.redden@jci.com.

Sincerely,

A handwritten signature in cursive script, appearing to read "Chris Eisenhart".

Chris Eisenhart

Enclosures

cc: Dawn Redden
Tammy Smith



STEVEN L. BESHEAR
GOVERNOR

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
200 FAIR OAKS LANE
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

LEONARD K. PETERS
SECRETARY

March 16, 2009

Chris Eisenhart
Johnson Controls, Inc.
3340 Hopkinsville Rd.
Cadiz, KY 42211

Re: KPDES Application Notice of Deficiency
KPDES No.: KY0097365
Cadiz, KY Facility
AI ID: 4038
Trigg County, Kentucky

Dear Mr. Eisenhart:

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on February 11, 2009. A completeness review of your permit application has been conducted and the application has been determined to be incomplete. Please complete the deficiencies listed below and return to me at the following address within thirty (30) days of the date of this letter.

**Division of Water, Surface Water Permits Branch
ATTN: Mr. William Shane
200 Fair Oaks Lane
Frankfort, Kentucky 40601**

1. Complete the enclosed Form F, Section VII.A. You must provide the results of at least one analysis for every pollutant in the table, regardless of whether these pollutants are currently on your permit.
2. Obtain the authorized official's signature on the enclosed Form F, Sections V and X.

Failure to respond within thirty (30) days may result in the Cabinet returning your application to you and retaining filing fees that have been paid, as per 401 KAR 5:300, Section 2(2). If you have any questions concerning this request, please contact me at (502) 564-3410, extension 4893 or by e-mail at William.Shane@ky.gov.

Sincerely,

William Shane

William Shane
Surface Water Permits Branch
Division of Water

WTS:
Enclosures
Cc: TEMPO

KPDES FORM 1

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☐ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE							
A. Name of business, municipality, company, etc. requesting permit		Johnson Controls Inc.							
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.							
Facility Location Name: Johnson Controls		Facility Contact Name and Title: Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> DAWN REDDEN							
Facility Location Address (i.e. street, road, etc., not PO Box): 3340 Hopkinsville Road		Mailing Address: 3340 Hopkinsville Rd							
Facility Location City, State, Zip Code: Cadiz Ky, 42211		Mailing City, State, Zip Code: Cadiz, KY 42211							
		Facility Contact Telephone Number: 270-522-2648							

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: General Warehousing (Formerly Automotive Seat Frame Production)			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	4225 General Warehousing & Storage		
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: TRIGG	City where facility is located (if applicable): CADIZ
C. Body of water receiving discharge: LITTLE RIVER	
D. Facility Site Latitude (degrees, minutes, seconds): 36° 52' 11"	Facility Site Longitude (degrees, minutes, seconds): 87° 46' 40"
E. Method used to obtain latitude & longitude (see instructions): INTERNET	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 006555943	

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
1	140,000 Sq ft.	565,000 Sq ft.			
2	12,500 Sq ft.	150,000 Sq ft.			
3	320,000 Sq ft.	448,000 Sq ft.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

See Attached Appendix A

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
NA		

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
CHRIS EISENHART, PLANT MGR	Chris Eisenhart	5/13/09

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

See Attached Appendix E

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NA

AI 4038

VII. DISCHARGE INFORMATION

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below)

☒ No (go to Section IX)

Chromium, manganese,
Nickel (F3), Iron (F2) all in steel

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below)

☒ No (go to Section IX)
IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
MICROBAC LABORATORIES	3323 GILMORE INDUSTRIAL BLVD LOUISVILLE, KY, 40213	502 962 6400	TOTAL SUSPENDED SOLIDS OIL - GREASE BOD - COD IRON - TOTAL PHOSPHORUS NITRATE - NITRATE

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

AREA CODE AND PHONE NO.

CHRIS EISENHART, PLANT MANAGER

(270) 522-2640

SIGNATURE

DATE SIGNED

Chris Eisenhart

5/13/09

OUTFALL NO: /

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	≤ 5.6 mg/l	N/A			1	
Biological Oxygen Demand BOD ₅	≤ 8 mg/l				1	
Chemical Oxygen Demand (COD)	≤ 10 mg/l				1	
Total Suspended Solids (TSS)	16 mg/l				1	soil erosion
Total Kjeldahl Nitrogen	≤ 0.40 mg/l				1	
Nitrate plus Nitrite Nitrogen	≤ 2.6 mg/l				1	
Total Phosphorus	0.085 mg/l				1	UNKNOWN
pH	Minimum 7.41	Maximum	Minimum	Maximum	1	

[illegible]

OUTFALL NO: 2

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	< 6.2 mg/l	N/A			1	
Biological Oxygen Demand BOD ₅	< 8 mg/l				1	
Chemical Oxygen Demand (COD)	14 mg/l				1	
Total Suspended Solids (TSS)	< 9 mg/l				1	
Total Kjeldahl Nitrogen	< 0.40 mg/l				1	
Nitrate plus Nitrite Nitrogen	< 2.6 mg/l				1	
Total Phosphorus	0.14 mg/l				1	
pH	Minimum 7.10	Maximum	Minimum	Maximum	1	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

OUTFALL NO: 7

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	< 5.0 mg/l	N/A			1	
Biological Oxygen Demand (BOD ₅)	< 6 mg/l				1	
Chemical Oxygen Demand (COD)	15 mg/l				1	
Total Suspended Solids (TSS)	< 9 mg/l				1	
Total Kjeldahl Nitrogen	0.62 mg/l				1	
Nitrate plus Nitrite Nitrogen	< 2.6 mg/l				1	
Total Phosphorus	0.10 mg/l				1	
pH	Minimum 7.26	Maximum	Minimum	Maximum	1	

[illegible]